

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030947

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 326 Primary Registration District No. 4482 Registrar's No. 144

FILED JUL 29 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Scotland b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Memphis c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Scotland County Community Home		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scotland c. CITY OR TOWN Arbella d. STREET ADDRESS (If outside, give location) e. INSIDE LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Hattie Middle Bertrude Last Hohstadt		4. DATE OF DEATH Month July Day 13 Year 1963	
5. SEX Female	6. COLOR OR RACE Caucasian	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/13/83
9. AGE (last birthday) 80		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic	
11. BIRTHPLACE (City and state or country) Arbela, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Hustead		13b. MOTHER'S MAIDEN NAME Chloe J. Bowen	
14. NAME OF HUSBAND OR WIFE Reuben M. Hohstadt		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. INFORMANT G. L. Hustead		17. ADDRESS Cantril, Iowa	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterial sclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6-1-63 to 7-13-63 and last saw her alive on 7-13-63 Death occurred at (7-13-63)-70 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deputy or title) E. E. Gilfillan, M.D.		22b. ADDRESS Memphis, Missouri	
22c. DATE SIGNED 7/16/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 7/16/63		23c. NAME OF CEMETERY OR CREMATORY Hickory Grove	
23d. LOCATION (City, town, or county) Scotland County		23e. STATE Mo.	
24. FUNERAL DIRECTOR Wellborn Funeral Home		25. DATE RECD. BY LOCAL REG. 7-22-63	
26. REGISTRAR'S SIGNATURE Dora G. Purrier		27. ADDRESS Milton, Ia.	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by P. E. Payne, Student Embalmer No. 701

working under my personal supervision.

Student

P. E. Payne
Signature of Student Embalmer

Signed

P. E. Payne

Licensed Embalmer No. 3550

P. O. Address Memphis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT; he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.